

INITIAL EDUCATION VOUCHER APPLICATION

Submit to: Arizona Department of Education, Exceptional Student Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin #24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

THE RESIDENTIAL TREATMENT CENTER (RTC) IS RESPONSIBLE FOR COMPLETING SECTIONS 1 AND 2 UPON STUDENT ENTRY AND FORWARDING IT TO THE SPECIAL EDUCATION DIRECTOR OF THE HOME SCHOOL DISTRICT (HSD) WITHIN 5 DAYS OF FACILITY ENTRY DATE.

SECTION 1

STUDENT NAME:	DOB:
LAST SCHOOL ATTENDED:	GRADE:
PARENT NAME:	SAIS NUMBER:
ADDRESS:	PHONE:
FACILITY:	ENTRY DATE:
ADDRESS:	FAX:
RTC VOUCHER CONTACT:	PHONE:
RTC EDUCATION CONTACT:	PHONE:

SECTION 2

STATE PLACING AGENCY: (SELECT ONE)

<input type="checkbox"/> AOC:	<input type="checkbox"/> JCC or <input type="checkbox"/> ADP	<input type="checkbox"/> GILA RIVER RBHA
<input type="checkbox"/> ADJC		<input type="checkbox"/> PASCUA YAQUI RBHA
<input type="checkbox"/> DES		<input type="checkbox"/> NAVAJO RBHA
<input type="checkbox"/> DHS:DBHS/		<input type="checkbox"/> WHITE RIVER APACHE RBHA

SPA CONTACT PERSON: PHONE:

HOME SCHOOL DISTRICT: COMPLETE SECTION 3, SUBMIT FORM TO ADE WITHIN 10 DAYS OF FACILITY ENTRY DATE (COPY TO RTC).

SECTION 3

HOME SCHOOL DISTRICT* (PRINT) _____

PHONE: _____

STUDENT ELIGIBLE FOR SPECIAL EDUCATION: ☐ NO ☐ YES → DISABILITY: _____

Signature of Special Education Director or Representative

Date

*Home School District is determined by a variety of factors. See the *Education Vouchers Procedure Manual* for information. ARS 15-761(10)

NOTE: Pursuant to ARS 15-1182, this voucher application can only be approved for a period of 60 calendar days. Prior to expiration of the 60 calendar days, the Home School District must submit a HSD Education Voucher Application or an Extension of Education Voucher Application to the Arizona Department of Education / Exceptional Student Services.